

This form may be completed online, printed and mailed to the address listed below.

STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION AND LICENSURE
CREDENTIALING DIVISION
PO BOX 94986
LINCOLN, NE 68509-4986
800-422-3460 / 402-471-2158
APPLICATION FOR CERTIFICATION AS AN OUT-OF-HOSPITAL
EMERGENCY CARE PROVIDER
Please print or type all applicable sections (Signatures must be originals)

SECTION A – APPLICATION FOR INITIAL CERTIFICATION check only one level of certification that you are applying for	
<input type="checkbox"/>	First Responder
<input type="checkbox"/>	Emergency Medical Technician
<input type="checkbox"/>	Emergency Medical Technician-Intermediate
<input type="checkbox"/>	Emergency Medical Technician-Paramedic

SECTION B – PERSONAL INFORMATION			
Name:			
Address	Street/PO/Route:		
	City:	State:	Zip:
Social Security #		Date of Birth:	
Day Time Telephone			

SECTION C – CERTIFICATION BASED ON TRAINING Applicants applying for certification based on training must submit the following:	
Course Completion Date:	Training Agency:
1	A copy of your current Cardiopulmonary Resuscitation certification; AND
2	A copy of your birth certificate or current drivers license; AND
3	A copy of your current certification from the National Registry of Emergency Medical Technicians for the level of certification for which you are applying.
OR	
1	A copy of your current Cardiopulmonary Resuscitation certification; AND
2	A copy of your birth certificate or current drivers license; AND
3	A copy of your certificate showing completion of the training course for the level of certification requested; AND
4	Documentation of passing the certifying examination. Training must have been completed no more than two years before the date of receipt of your application.

SECTION D – CERTIFICATION BASED ON RECIPROCITY	
Applicants applying for certification based on certification/licensure in another jurisdiction must provide the following:	
1	A copy of your current Cardiopulmonary Resuscitation certificate.
2	A copy of your birth certificate or current driver's license.
3	Verification of your training, and certification/licensure status from all jurisdiction(s) (state(s)) where you are currently or previously have been certified or licensed. Please have each jurisdiction(s) send us a Copy of Attachment A or an equivalent document.

4	List the names of the jurisdiction(s) (state(s)) in which you have been licensed/certified:		
5	Has any disciplinary action ever been taken against your license/certificate by a state licensing agency, or is any currently pending?	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
	If yes, explain:		
6	Have you taken and passed the National Registry examination for the level of certificate for which you are applying?	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide our office with a copy of your National Registry Certificate.			

SECTION E – AMBULANCE SERVICE AFFILIATION			
<input type="checkbox"/> Check here if you are NOT affiliated with a service OR complete the following:			
Name of Service:			
Address	Street/PO/Route:		
	City:	State:	Zip:
Signature of the head of your service			

SECTION F – CERTIFYING INFORMATION		
Have you ever been convicted of a misdemeanor or a felony:	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
If yes, state what crime, date of conviction, name, location of court (city, county state).		
Crime	Date of Conviction	Name and Location of Court

Official court records describing the conviction, disposition and a statement from the Court that you have successfully completed the court requirements must be submitted along with a letter from you explaining the circumstances surrounding your conviction.

Have you actively practiced in Nebraska at the level for which you are applying prior to submitting this application?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many days have you practiced in Nebraska as an Out of Hospital Emergency Care Provider?		

I hereby certify that the preceding information is correct to the best of my knowledge and I further certify that I have attained the age of eighteen years, am not addicted to narcotics or dangerous drugs, do not habitually and excessively use alcohol, narcotics or dangerous drugs to a degree that my ability to provide emergency medical care is impaired, and I am of good moral character.

Signature of Applicant

Date